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OCT 05 2007

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272 7590 07/17/2007

SCULLY, SCOTT, MURPHY & PRESSER, P.C.
 400 GARDEN CITY PLAZA
 SUITE 300
 GARDEN CITY, NY 11530

10/09/2007 RMEBRAH1 00000013 10559397

01 FC:1501 1440.00 DP
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Leopold Presser (Depositor's name)
 (Signature)
 October 3, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/559,397	12/05/2005	Barbara Ballsieper	19241	5610

TITLE OF INVENTION: RADIATION PROTECTION ARRANGEMENT COMPRISING A SEPARABLE COVER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 \$1440	\$300	\$0	\$1700	10/17/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HASHMI, ZIA R	2881	250-516100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Scully, Scott, Murphy & Presser, P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MAVIG. GMBH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Muenchen, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1013/SEMP (Attach an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date October 3, 2007

Typed or printed name

Leopold Presser, Esq.

Registration No. 19,827

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